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| Sea an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or wised application, if this is your first application and you already know your focility's EPA LD. Number, or if this is revised application, enter your facility in your application for the provide the spropriate date).  A LD. Number in Item I above.  A LD. Number in Item I above.  A LD. Number in Item I above.  Chi Existing Facility (See in "X" below and provide the appropriate date).  Chi Existing Facility (See in "X" below and efficient of "existing" facility.  Complete little below.)  FIRST APPLICATION (Bixes on "X" below and efficient of "existing" facility.  Complete little below.)  FOR HAVE PACILITY. (Complete li | EASH "X" in the appropriate box in A of B below finate on the control to induced whether this is the first application of your facility of PA LD, Number, in it this is or revised application, enter your facility of PA LD, Number, or if this is or revised application, enter your facility of PA LD, Number, or if this is or revised application, enter your facility of PA LD, Number, or if this is or revised application, enter your facility of PA LD, Number, or if this is or revised application, enter your facility of PA LD, Number, or if this is or revised application, enter your facility?  A LD, Number in Item labove.  **TRYTISCH APPLICATION place and product the appropriate days of the product of the pro |                     |   |  |   | <del></del>                 |               |               |                   | 。 -<br>∥                 |                       |  |  |  | ,                                     |                         | ····                   |                       | ~~                   |
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| REASURE FOR PROCESS PROCESS CODE DESIGN CAPACITY  PROCESS CODE DESIGN CAPACITY  Treatment:  CONTAINER (barrel, drum, etc.) C | PROCESS CODE DESIGN CAPACITY  PROCESS CODE DESIGN CAPACITY  Treatment:  Treatm | me                  | asur  | used. Only the unit                              | ts of me                                | asure that are              | e listed belo | sponiq we     | be used.          |                          |                       |  | _  | -  |                                       |                         |                        |                       |                      |
| Treatment:  Tontainer (barrel, drum, etc.)  SOI GALLONS OR LITERS  GALLONS OR LITERS  SON GALLONS OR LITERS  CUBIC VARBOS OR  CUBIC VARBOS OR  SURFACE IMPOUNDMENT  SOA GALLONS OR LITERS  NJECTION WELL  AND APPLICATION  DETERMINE TO BETT (the volume that would cover one acre to a depth of one foot) or HECTARE-METER  SOA GALLONS OR LITERS  ACRES PEET (the volume that would cover one acre to a depth of one foot) or HECTARE-METER  SURFACE IMPOUNDMENT  DISTORMAN  AND APPLICATION  DISTORMAN  DISTORMAN  DISTORMAN  DISTORMAN  DISTORMAN  CALLONS PER DAY OR  CALLONS PER DAY OR  CODE  UNIT OF MEASURE  CODE  ACRES SERVING  ACAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the serving has an incinerator that can burn up to 20 gallons per hour.  | Treatment:  Total Callons or Liters  Sol Callons or Liters  Surface impoundment  Dipposit  Neccon well  Amoril  Neccon well  Dipposit  Dipposit  Neccon well  Dipposit  Neccon well  Dipposit  Dipposit  Neccon well  Dipposit  Neccon well  Dipposit  Neccon well  Dipposit  Dipposit  Neccon well  Dipposit  Dipposit  Dipposit  Neccon well  Dipposit  Dipposit  Dipposit  Dipposit  Dipposit  Neccon well  Dipposit  D |                     | P   | ROCESS   | CESS                                    | MEASUR                      | E FOR PR      | OCESS         |                   |                          | P                     | ROCESS   |  | CESS                                     | MEASU                                 | JRE F(                  | OR PE                  | ROCE                  | SS<br>SS             |
| GALLONS OR LITERS UNFACE IMPOUNDMENT  SOZ GUBIC YARDS OR CUBIC YARDS CUBIC YARDS OR CUBIC YARDS CUBIC METRIC COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the condition of the conditio | SOURCE CHARDS OR LITTERS SUBJECT AND SOR UNFFACE IMPOUNDMENT NECTION WELL AMORTIL NECTION WELL AMORTIL NECTION WELL AMORTIL D79 GALLONS OR LITERS ACREFEET (Intervolume that would cover one acre to a depth of one foot) for more foot) for more foot of the foot |                     |   | R (barrel, drum, etc.)                           | 501                                     | GALLONS                     | OR LITER      | ?5            |                   |                          | nt:                   |  |  | 701                                      | •                                     |                         |                        |                       |                      |
| INCINERATOR   TOAS PER HOUR OR METRIC TONS PER HOUR OR METRIC TONS PER HOUR OR METRIC TONS PER HOUR OR LITERS PER HOUR OR HECTARES OF HECT   | DIPPORT SOLUTION WELL DISSONALITERS NUMBER AND STATEMENT OF STATEMENT  | GANK                |   |  | 502                                     | CUBIC YARDS OR CUBIC METERS |               |               |                   |                          |                       |  | τ  | TO2 GALLONS PER DAY OR<br>LITERS PER DAY |                                       |                         |                        |                       |                      |
| AHOFILL  D79  GALLONS OR LITERS  D80  ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER  ACRES OR HECTARES  GALLONS PER DAY OR HECTARES OR HECTARES  CACHES OR HECTARES  GALLONS PER DAY OR HECTARES OR HECTARES  LITERS PER DAY  GALLONS PER DAY OR HECTARES or HECTARES  LITERS PER DAY  GALLONS PER DAY OR HECTARES or HECTARES  LITERS PER DAY  GALLONS PER DAY  LITERS PER DAY  D81  GALLONS PER DAY OR HECTARES not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)  LITERS PER DAY  V ACRE-FEET.  A HECTARE-METER  L TONS PER HOUR  LITERS PER DAY  V ACRE-FEET.  A HECTARE-METER  L TONS PER HOUR  LITERS PER DAY  LITERS  | ARDOPLICATION ACRE-PEET (The volume that depth of one foot) OR HECTARES SHEET (The volume that depth o |                     |   | MPOUNDMEHT                                       | 504                                     | GALLONS                     | OR LITER      | ?5            | 110               | CINE                     | RATO                  |  | T03 TONS PER HOUR OR METRIC TONS PER HOUR: GALLONS PER HOUR OR |  |                                       |                         |                        |                       |                      |
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| MEASURE  INIT OF MEASURE  CODE  UNIT OF MEASURE  CODE  MEASURE  CODE  UNIT OF MEASURE  CODE  ACRE-FEET.  ACRES.  BEASURE  CODE  UNIT OF MEASURE  CODE  ACRE-FEET.  ACRES.  BEASURE  ACRES.  BEASUR | MEASURE CODE UNIT OF MEASURE CODE UNIT OF MEASURE CODE UNIT OF MEASURE CODE  FALLONS.  G LITERS PER DAY.  JUBIC YARDS.  JY METRIC TONS PER HOUR.  GALLONS PER HOUR.  HECTAREMETER.  FOR CARES.  B HECTARES.  CODE UNIT OF MEASURE CODE UNIT OF MEASURE CODE CEASS.  GODE USE ONLY CEASURE CODE CEBS.  CODE CEBS. CODE CODE CODE CODE CODE CODE CODE CODE  |                     |   |  |   | LITERS PE                   | RDAY          |               | the               | *poc                     | e prou                | vided; Item II                                       | I-C.)  |  |                                       |                         |                        |                       |                      |
| INIT OF MEASURE CODE UNIT OF MEASURE CODE UNIT OF MEASURE CODE  FALLONS  | INIT OF MEASURE  CODE  UNIT OF MEASURE  CODE  UNIT OF MEASURE  CODE  A CRESTEET.  A CODE  LITERS PER DAY  LITERS PER DAY  LITERS PER HOUR  METRIC TONS PER HOUR  CALLONS PER HOUR  CALLONS PER HOUR  LITERS PER HOUR  METRIC TONS PER HOUR  METRIC |                     | ,   |  |   |                             | •             | •             |                   |                          | _                     |  |  |  |                                       |                         |                        |                       |                      |
| TONS PER HOUR.  D HECTARE METER.  F METRIC TONS PER HOUR.  W ACRES.  B HECTARES.  B HECTARES.  C GALLONS PER HOUR.  E HECTARES.  C GALLONS PER HOUR.  CAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the ter can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.  | TONS PER HOUR.  LUBIC VARDS.  Y METRIC TONS PER HOUR.  WECTARE METRIC TONS PER HOUR.  GALLONS PER HOUR.  E HECTARES.  GALLONS PER HOUR.  HECTARES.  HECTARES.  HECTARES.  GALLONS PER HOUR.  HECTARES.  HECTARES. |                     |   |  | CO                                      | DE                          |               |               |                   | ·                        |                       | CODE   |  |  |                                       | <del></del>             |                        | C                     | 200                  |
| ALLONS PER DAY   | EALLONS PER DAY  LITERS PER HOUR  LITERS  LITERS PER HOUR  LITERS PER HOUR | JTERS               | S<br>Yar  |  |   | L<br>Y                      | TONS PE       | TONS PE       | r<br>sa Hou       | R                        |                       | D  | HEC  | TARE                                     | METER.                                |                         | _                      |                       | . A                  |
| ria c / rate to gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.   | DUP  A. PROBLESS DESIGN CAPACITY  FOR CEBS CODE (from list above)  1. AMOUNT (apecify)  2. UNIT OF MEA. USE (from list above) (apecify)  3. A. PROBLESS DESIGN CAPACITY (apecify)  5. UNIT OF MEA. USE (from list above) (apecify)  1. AMOUNT (apecify) (apecify) (apecify) (by the code) (code)  | SALLO               | HS P  | ER DAY   | `                                       | Ù                           | LITER5        | PER HOL       | JR                |                          |                       | н  | HEC  | TARES                                    | • • • • • •                           | • • • •                 | • • •                  | • • •                 | . Q                  |
|  | B. PROCESS DESIGN CAPACITY  CEBS CODE (CEBS CODE (CEBS (CODE (CEBS | IST COU             | hold  | 400 gallons. The fac                             | cility als                              | snown in line               | nerator that  | t can burn    | up to 2           | v): A<br>D gall          | ons pa                | ity has two sto<br>er hour.                          | orage tank   | s, one t                                 | ank can ho                            | id 200                  | gallo                  | ns an                 | d the                |
| 3 DUP  | Code      | i .                 | · · · · · · · · · · · · · · · · · · ·                     | DUP  | 13                                      |                             | ///           | -/ '          | //                |                          | / /                   |  |  |  |                                       | 1                       | 1                      | 7                     | 1                    |
| FOR  | CODE   (from list above)   1. AMOUNT   2. UNIT   USE   (from list above)   2. UNIT   USE   | .21                 |   | B. PROCESS                                       | DESI                                    | GN CAPAC                    | 7             | FOR           |                   |                          |                       | B. PR  | OCESS I  | DESIG                                    | N CAPAC                               | ITY                     |                        | /<br>                 |                      |
| CODE CODE (from list (apecify) (apove) (apecify) (apove) (apov | 1 S 0 2     600     G     5     7       2 T 0 3     20     E     6       S 0 1     27,500     G     7  | CO                  | ODE t. AMOUNT OF MEATON US SURE (coter only) (coter code) |  |   |                             |               | OFFICI<br>USE | AL UN             | C C                      | DDE<br>m list         |  | 1. AMO   | тии                                      |                                       | OF N<br>SU<br>(en       | RE<br>RE               | OFF                   | TCIA<br>JSE          |
|  | 2 T 0 3 20 E 6 S 0 1 27,500 G 7  |                     | 7   | ·  | 2                                       |                             |               | 24            | 5                 | H                        |                       | 12   |  |  | 21                                    |                         | 4                      | 75                    | T                    |
|  | S 0 1 27,500 G 7   | ++                  | 1   |  |   | <del></del>                 | 1-1-1-        |               |                   |                          | +                     |  | <del></del>  | ······································   |                                       | +                       | +-                     | -                     | +                    |
| 27 500   | <u> </u>   | s <sub>0</sub>      | 1   | · · · · · · · · · · · · · · · · · · ·            |   |                             | ╂╾┨╼┨╼┋       |               | 7                 |                          | •                     |  |  | <del></del>                              | <del> </del>                          | ++                      | +                      | +                     | +                    |
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|  | <del>                                      </del>  |                     | +   |  |   |                             |               |               | 9                 | H                        | -                     |  | · · · · · · · · · · · · · · · · · · ·                          | <del></del>                              | · · · · · · · · · · · · · · · · · · · | ++                      | +                      | +                     | +                    |
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|   |                             |                                | g in the graph of the war and the second |                         | and the second s | M. Samueloisia           |                               |
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| from the front.   | <del>_</del> _ <del>_</del> |                                |  |                         |  |                          | 5                             |
| SCRIPTION OF HAZARDOUS WAS  |                             |                                |  |                         |  |                          |                               |
| SE THIS SPACE TO LIST ADDITIONAL PRO  | OCESS CODES FROM            | A ITEM D(I) OI                 | PAGE 3.                                  | THE PERSON NAMED IN     | Market assemble  | Oncourage of the Control | THE METER PROCE               |
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| EPA I.D. NO. (enter from page 1)  |                             |                                |  |                         |  |                          |                               |
| FOHD004163549 765   |                             |                                |  |                         |  | •                        |                               |
| V. FACILITY DRAWING   |                             |                                |  |                         |  |                          |                               |
| All existing facilities must include in the space provided on   | page 5 a scale grawing (    | of the facility Isee           | instructions for mor                     | e detaill.              |  |                          | de a se                       |
| VI. PHOTOGRAPHS   |                             |                                |  |                         |  |                          |                               |
| All existing facilities must include photographs (aer treatment and disposal areas; and sites of future sto |                             |                                |  |                         |  | orage.                   |                               |
| VII. FACILITY GEOGRAPHIC LOCATION   | rage, treatment of c        | sposal areas (see              | mstructions for m                        | Tore detail             |  |                          | ACLOSO.                       |
| LATITUDE (degrees, minutes, & second  | 51                          | L                              | ONGITUDE (degree                         | es, minutes,            | & seconds)   |                          | here i                        |
| 4 1 1 2 0 3 0   |                             |                                | 081                                      | 3 1 0                   | 3 0  | ,                        |                               |
| \$3 \$5 \$7 \$6 \$5 71  |                             |                                | 72 74                                    | 73 74 77                | 70   | harterstein der seine    | eggerannen.                   |
| VIII. FACILITY OWNER  |                             |                                |  |                         | e de la companya de  |                          |                               |
| X A. If the facility owner is also the facility operator as<br>skip to Section IX below.                    | listed in Section VIII or   | Form 1, "Genera                | I Information", plac                     | e an "X" in             | the box to   | the left ar              | nd                            |
| D. Make As the second of all a second   |                             | C 1                            | aha followina isom                       | `.                      |  |                          |                               |
| B. If the facility owner is not the facility operator as  | isted in Section VIII on    |                                | the following item                       |                         |  | <del></del>              | ****                          |
| I. NAME OF FACI   | LITY'S LEGAL OWNER          | ?<br>                          |  | 2. PH                   | ONE NO. 10   | ires code                | & no.)                        |
| E   |                             |                                |  |                         | <u> </u>   | 41                       |                               |
| 3. STREET OR P.O. BOX   |                             | 4. CITY OR YOU                 | MN                                       | 5. ST.                  | <del></del>  | O CODE                   |                               |
| F:  | Ğ                           |                                |  |                         |  |                          |                               |
| 11.1.11   |                             |                                | the contract and the board               |                         | 2747247543744  |                          | Control Services              |
| IX. OWNER CERTIFICATION   |                             |                                |  |                         |  |                          |                               |
| I certify under penalty of law that I have personally documents, and that based on my inquiry of those in   |                             |                                |  |                         |  |                          | •                             |
| submitted information is true, accurate, and comple   |                             |                                |  |                         |  |                          | •                             |
| including the possibility of fine and imprisonment,   | ·                           |                                |  | ·                       | <del></del>  |                          |                               |
| A. NAME (print or type) Alside, Inc.  | 8. SIGNATURE                | 10 1                           |  | C. DATE                 | SIGNED   |                          |                               |
| L. L. Cochran, Director of Manufac  | turing 70                   | Cock_                          |  | 8/9/                    | 82 .   |                          |                               |
| X. OPERATOR CERTIFICATION   |                             |                                |  |                         |  |                          |                               |
| I certify under penalty of law that I have personally   | examined and am fa          | miliər with the i              | nformation subm                          | itted in thi            | s and all a  | ttached                  | artin state improving by year |
| documents, and that based on my inquiry of those is submitted information is true, accurate, and complete   | individuals immediate       | ly responsible for             | or obtaining the in                      | nformation<br>ubmitting | , I believe<br>false infor   | that the                 | •                             |
| including the possibility of fine and imprisonment.   | .c., i om awart mat u       | iere ar <del>e</del> significa | inc penalties for \$0                    | swincing i              | aise milli   | a.ioii                   |                               |
|   |                             | <del></del>                    | ·  |                         |  |                          |                               |

|             |   |     | _    |  | BER lenter from page 1) | V.                       |              | V   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 503 (U IIS |          | IAL USE C   | ON TOTAL ADDITIVES ON B NO. 158-530004                       |  |
|-------------|---|-----|------|--|-------------------------|--------------------------|--------------|-----|---|------------|----------|---|--|--|
| W 0         | H   |     | _    | _  | 4 1 6 3 5 4 9 1         | 1                        | /            |     | w                                       |            | 12 DUP   |   |  |  |
| IV. I       | ES  | CR  | ЦР   | ric                                      | N OF HAZARDOUS WAST     | ES /                     | con          | tin | ued)                                    |            |          |   |  |  |
| LINE<br>NO. | A. EPA<br>HAZARD.<br>WASTENO.<br>Z (enter code) |     | p. I | B. ESTIMATED ANNUAL<br>QUANTITY OF WASTE | 01                      | ME<br>URI<br>ente<br>ode | A-<br>E<br>r |     | len                                     | SS CODE:   | s        | 2. PROCESS DESCRIPTION (if a code is not entered in D(j)) |  |  |
| 1           | D   | 0   | 0    | 6  | 130                     |                          | T            |     | s 0 1                                   | 7 7        |          | 27 - 22   |  |  |
|             | D   |     |      | 1  | 100                     |                          | T            |     | S 0 1                                   | 7 -7       |          |   |  |  |
| 3           | F   | 0   | 0    | 3  |                         |                          |              |     |   |            | _        |   | Included with item 2   |  |
| 4           | F   | 0   | 0    | 2  | *                       |                          |              |     |   | , ,        |          |   | Included with item 2   |  |
| 5           | F   | 0   | 0    | 5  | **                      |                          |              |     | 1                                       | 1          |          |   | Included with item 2   |  |
| 6           |   |     |      |  |                         | 1                        |              |     | <del></del>                             |            |          |   |  |  |
| 7           |   |     |      |  |                         |                          |              | _   |   |            |          |   | * F002 only because some samples                             |  |
| 8           |   |     |      |  |                         | _                        |              |     |   | 1 1        |          |   | methylene chloride and ethyl                                 |  |
| 9           |   |     |      |  |                         |                          |              |     |   | 1-1        | <u> </u> |   |  |  |
| 10          |   |     |      |  |                         |                          |              |     | -11                                     |            |          |   | ** F005 only because some sample have shown trace amounts of |  |
| 11          |   |     |      |  |                         |                          |              |     |   |            |          |   | toluene.   |  |
| 12          |   |     |      |  |                         |                          |              |     |   | 1          |          |   |  |  |
| 13          |   |     |      |  |                         |                          |              |     |   | - r- r-    |          |   |  |  |
| 14          |   |     |      |  |                         |                          |              |     |   |            |          |   |  |  |
| 15          |   |     |      |  | ·                       |                          |              |     |   |            |          |   |  |  |
| 16          |   |     |      |  |                         |                          |              |     | -1 1                                    |            |          |   |  |  |
| 17          |   |     |      |  |                         |                          |              |     |   | 1 1        | 1 7      |   |  |  |
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| -21         |   |     |      |  |                         |                          |              |     | , ,                                     |            |          | ,   |  |  |
| 22          |   |     |      |  |                         |                          |              |     |   |            |          |   |  |  |
| .23         |   |     |      |  |                         |                          |              |     |   |            |          | 1.1   |  |  |
| 20          |   |     |      |  |                         |                          |              |     | · ·                                     | · '        | 1 1      |   |  |  |
| 25          |   |     |      |  |                         |                          |              |     |   |            |          |   |  |  |
| 26          | 122   |     |      |  |                         | 1                        |              |     |   | 27 - 29    | 27 - 29  | 27 - 29   |  |  |
| EPA I       | Fort  | n 3 | 570  | <b>-3</b> (                              | 6-80)                   |                          |              |     |   |            |          |   | CONTINUE ON REVERS   |  |